

FEE AFFIDAVIT FORM

Original Supplemental

CLIENT: PIA/TDCJ #: S.I.D. #:

ATTORNEY INFORMATION:

MR./MS. FIRST NAME MIDDLE LAST NAME SUFFIX
TEXAS BAR NO. ADDRESS
NAME OF BUSINESS BUSINESS ADDRESS
BUSINESS PHONE # CITY STATE ZIP
BUSINESS FAX #

BCJ-BPP-TDCJ (FORMER OR CURRENT) EMPLOYEE(S) OR MEMBERS WITH WHICH ATTORNEY IS ASSOCIATED OR HAS A RELATIONSHIP AS AN EMPLOYER OR EMPLOYEE OR MAINTAINS A CONTRACTUAL RELATIONSHIP TO PROVIDE SERVICES (LIST ADDITIONAL NAMES ON BACK).

FIRST NAME: MIDDLE: LAST NAME:
RELATIONSHIP: ENTITY:

HAVE YOU REGISTERED WITH THE TDCJ-PAROLE DIVISION WITHIN THE LAST 12 MONTHS? YES/NO

TEX. GOV'T. CODE §§ 508.084 and 508.085 require certain information relative to fees, or lack thereof. This affidavit must be completed in regards to the relevant areas, signed, sworn and subscribed to before a Notary Public prior to any representation.

I. NO FEE

I, OR ANY CORPORATION OR FIRM WITH WHICH I AM AFFILIATED, HAVE RECEIVED NO FEE NOR PROMISE OF FEE FOR SERVICES OF ANY NATURE RENDERED, OR TO BE RENDERED, IN CONNECTION WITH PAROLE OR EXECUTIVE CLEMENCY FOR THE ABOVE NAMED PERSON.

Signature Printed Name

II. COMPENSATED REPRESENTATION

TEXAS GOVERNMENT CODE § 305.002 DEFINES "COMPENSATION" AS MEANING MONEY, SERVICE, FACILITY, OR OTHER THING OF VALUE OR FINANCIAL BENEFIT THAT IS RECEIVED OR IS TO BE RECEIVED IN RETURN FOR OR IN CONNECTION WITH SERVICES RENDERED OR TO BE RENDERED.

TEX. GOV'T. CODE § 508.083 mandates that only an Attorney, licensed in the State of Texas, may receive compensation for representing an offender subject to the jurisdiction of the Texas Department of Criminal Justice.

AMOUNT OF COMPENSATION RECEIVED OR EXPECTED: \$

THE PERSON MAKING THE COMPENSATION: FIRST NAME MIDDLE LAST NAME
ADDRESS STREET ADDRESS CITY STATE ZIP PHONE #:

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND FURTHERMORE, I HEREBY AGREE TO IMMEDIATELY SUPPLEMENT THIS AFFIDAVIT IF ANY OF THE STATEMENTS MADE HEREIN ARE AFFECTED BY A CHANGE IN FEE AGREEMENT, OR ARRANGEMENT, OR FACTUAL CONDITIONS.

SIGNATURE DATE

SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY, UNDER PENALTY OF PERJURY, ON THIS THE DAY OF , A.D. 20

(SEAL)

SIGNATURE OF HEARING OFFICER OR NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS